



South Coast Air Quality  
Management District 21865 Copley Drive  
Diamond Bar, CA 91765  
Transportation Hotline  
(909) 396-3271

## RULE 2202 PROGRAM NOTIFICATION

Check the applicable box and complete the information below. Documentation must be maintained at the worksite indicated below for review.

### Section I General Information

|                                |               |  |               |                 |        |  |
|--------------------------------|---------------|--|---------------|-----------------|--------|--|
| Company ID                     |               |  |               | # of Employees: |        |  |
| Company Name:                  |               |  |               |                 |        |  |
| Site Address:                  |               |  |               |                 |        |  |
| Mail Address:                  | Same as Site: |  | If Different: |                 |        |  |
| Name Highest Ranking Official: |               |  |               |                 | Title: |  |
| E-mail address:                |               |  |               |                 | Phone: |  |
| Site Contact Person:           |               |  |               |                 | Title: |  |
| E-mail address:                |               |  |               |                 | Phone: |  |

### Section II – More than 250 Employees at the Worksite

The worksite indicated above has had more than 250 employees for the prior consecutive six month period. Provided below are the monthly totals calculated as a monthly average and the six month average.

|                    |     |  |  |     |  |  |      |  |  |     |  |
|--------------------|-----|--|--|-----|--|--|------|--|--|-----|--|
|                    | Jan |  |  | Apr |  |  | Jul  |  |  | Oct |  |
|                    | Feb |  |  | May |  |  | Aug  |  |  | Nov |  |
|                    | Mar |  |  | Jun |  |  | Sept |  |  | Dec |  |
| Six Month Average: |     |  |  |     |  |  |      |  |  |     |  |

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND SUBMITTED WITH THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Signature of  
Responsible Official: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**This form must be signed by the highest ranking employee at this worksite or the executive officer responsible for allocation the resources necessary to implement the program.**